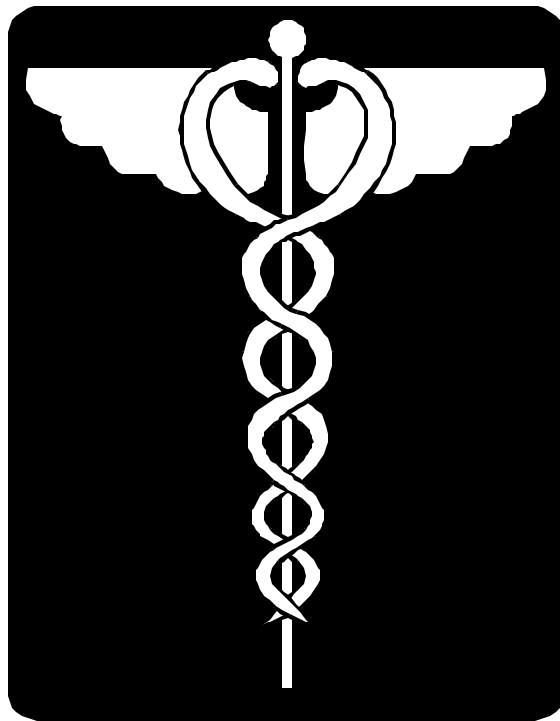


**2002 Statewide Medical & Health
Disaster Exercise**

**Auxiliary Communications Systems
EXERCISE GUIDEBOOK**

State of California
Emergency Medical Services Authority



NOVEMBER 14, 2002



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster
Exercise
November 14, 2002
Executive Summary**

Dear Exercise Participant,

It is time again for the 2002 Statewide Medical and Health Disaster Exercise! This is the California's 4th annual exercise, and we continue to expand the number of participants to incorporate hospitals and other healthcare providers (including long-term care facilities and clinics); pre-hospital care providers, auxiliary communication networks, blood banks and local and regional government agencies.

The 2001 exercise dealt with a hazardous materials release requiring decontamination and sheltering in place. In keeping with the previous theme of "man-made" disasters and in addressing the current hazards and threats that confront emergency managers and the healthcare community, the Exercise Planning Committee has designed this year's scenario around a radiological event and exercise.

This year's Statewide Disaster Medical and Health Management Conferences also will be devoted to radiological emergencies. The conferences will be held on October 1st in Ontario, October 3rd in Commerce and October 15th in San Rafael. For more information on the conferences, visit the website at www.creativeeventsolutions.net/disaster.

The 2001 exercise introduced "sheltering-in-place". This year's exercise incorporates "sheltering" again to reinforce the critical policy decisions and procedures involved in its implementation. In addition, this year's scenario includes the treatment of radiologically "contaminated" patients requiring decontamination to emphasize the learning principles from previous exercises.

The Operational Area (county) Exercise Contact is your point of contact for planning, questions and organization for the exercise. Please see pages 32-37 of this guidebook for the listing of Exercise Contacts.

Important Timelines and Deadlines

Healthcare Facilities and Ambulance Providers:

<u>September 13, 2002</u>	Deadline to fax Intent to Participate Form (page 10) to the Operational Area Medical/Health Exercise Contact (see list of contacts on pages 32-37).
<u>November 14, 2002</u>	Exercise begins at 0700 am with event occurring at 0800 am. During the exercise, agency/facility status reports are due to the Operational Area Emergency Operation Centers. See the scenario for timelines.
<u>November 29, 2002</u>	Deadline to complete and mail the appropriate Master Answer Sheet (pages 13 or 17) to the California EMS Authority (see address on form) to receive a participation certificate.

Amateur Radio and Emergency Auxiliary Communications Systems (ACS):

<u>September 13, 2002</u>	Deadline to fax Intent to Participate Form (page 11) to the Operational Area Medical/Health Exercise Contact (see list of contacts on pages 32-37).
<u>November 14, 2002</u>	Exercise begins at 0700 am with event occurring at 0800 am. During the exercise, status reports will be radioed to the Joint Emergency Operations Center (JEOC) beginning at 1100 am.
<u>November 29, 2002</u>	Deadline to complete and mail the Master Answer Sheet (page 21) to the California EMS Authority (see address on form) to receive a participation certificate.

Thank you for your commitment to disaster medical planning and preparedness.

We look forward to hearing about your successful exercise!



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002**

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EXERCISE OBJECTIVES

Hospital Objectives

Objective I: (JCAHO EC 1.4 (b) and EC 2.9.1)

Implement the facility's emergency preparedness response plan using a recognized incident command system (preferably HEICS).

Objective II: (JCAHO EC 1.4 (c, d))

Assess the status of your facility and communicate that status to appropriate governmental agencies including the operational area.

Objective III: (JCAHO EC 1.4 (n))

Assess the ability to respond to a hazardous materials incident, including victim decontamination.

Objective IV: (JCAHO EC 1.4 (c, d, m))

Assess back up systems or techniques for addressing loss of primary communication systems. Implement alternate communication systems to contact public/private medical and health officials, including local government, "sister" and other supportive area healthcare facilities or hospitals.

Objective V: (JCAHO EC 1.4 (h, i, j))

Assess the response capability of managing a large influx of patients and facility overcrowding.

Objective VI:

Assess the ability of your facility to shelter-in-place as a response strategy to an external hazardous materials threat.

Other Healthcare Facility Objectives (Includes SNF, LTC, psychiatric and clinic facilities)

Objective I:

Implement the facility's emergency preparedness response plan preferably using a recognized incident command-based system.

Objective II:

Assess the status of your facility and communicate that status to appropriate governmental agencies including the operational area.

Objective III:

Assess the ability of your facility to shelter-in-place.

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EXERCISE OBJECTIVES

Ambulance Objectives

Objective I:

Implement the provider's emergency preparedness response plan using a recognized incident command system.

Objective II:

Assess the status of your facility/agency and communicate that status to appropriate governmental agencies including the operational area.

Objective III:

Assess the provider's response to a hazardous materials incident.

Objective IV:

Utilize alternative communication systems to reach local government medical & health contacts including dispatch and local area hospitals.

Objective V:

Assess back-up systems or techniques to handle potential problems associated with at least one system critical to the operation of the service, i.e. alternate routing, equipment failure, flat tires, access to fuel, loss of power, etc.

Objective VI:

Assess the ability to manage transport of a large number of victims and coordinate with healthcare facilities and local medical/health contacts.

Auxiliary Communications Systems (ACS) Objectives

Objective I: (Pre-Exercise)

Identify agencies with auxiliary communications radios and ascertain the location of the operators and frequencies utilized.

Objective II: (Pre-Exercise)

Coordinate with local amateur radio operators on use of frequencies, protocols and forms used during an exercise/actual event.

Objective III: (Exercise)

Test regional/statewide network voice systems and redundant communications in coordination with local amateur radio operators, using established frequencies, protocols, and data collection/reporting forms.

**Statewide Medical & Health Disaster Exercise
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EXERCISE OBJECTIVES

Blood Bank Objectives

Objective I:

Activate multiple communication systems within the California Blood Bank Society (CBBS) network to communicate blood bank status and blood inventories to the CBBS EOC.

Objective II:

The CBBS EOC will communicate blood bank(s) status and blood inventory to the JEOC using multiple communication systems (fax, radio, telephone).

Operational Area (Exercise Contact Objectives)

Objective I:

Assess the operational area's ability to collect timely, accurate and appropriate data from participants.

Objective II:

Demonstrate the ability to access and transmit RIMS information to region and state medical and health authorities.

Objective III:

Evaluate RIMS system use, appropriateness, accuracy and for actual medical and health response and recovery actions.



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**Exercise Scenario
Thursday, November 14, 2002**

Scenario Simulation Time Line

8:00 A small explosive detonates in the storage area of a local high school. Local dispatch and 9-1-1 is flooded with calls reporting the explosion, injuries and fatalities and requests for help. Local emergency responders are dispatched to the scene.

On approach to the scene, the school principal reports that a call came in to the school office just before the detonation occurred and the caller stated that a “dirty bomb” was going to explode.

- ✍ Emergency responders arrive on scene and report student and school personnel evacuating the school and congregating on the basketball courts, approximately 1000 feet from the area of explosion;
- ✍ The emergency responders establish a safe perimeter around the immediate area;
- ✍ Law enforcement arrives on scene and establishes a secure perimeter of several blocks surrounding the school. Residents within that perimeter are being evacuated.
- ✍ Law enforcement, bomb squad and/or hazardous materials teams confirm that there is an unknown amount of radioactive material incorporated into the dispersal device.
- ✍ Victims are found near the area of the explosion including two unconscious with traumatic injuries and one dead.
 - The two unconscious victims have readings of 2000 counts per minute.
 - This information is communicated to the incident commander
- ✍ News reporters and helicopters surround the area. Local law enforcement are contacting the Federal Aviation Administration (FAA) to establish a “no fly” zone over the area.

8:25 Local hospitals receive notification of the event including the radiological contamination and are advised to prepare for possible contaminated victims. The hospitals and EMS personnel are monitoring the media for details of the incident.

8:30 Hospitals and healthcare providers activate Emergency Management Plans and hospital emergency operations centers (EOC) and prepare for possible decontamination of arriving patients.

8:45 Law enforcement reports that the parents of the school children are congregating at the perimeter lines and are demanding to be let into the area to be with their children.

Exercise Scenario
Thursday, November 14, 2002

- 8:45** Prehospital providers notify **ALL hospitals** in the area that **each facility** will be receiving at least two (2) radiologically contaminated patients within 15 minutes. The patients that each hospital will receive are described below:

Two unconscious patients are extricated from the area and are loaded into ambulances for transport to the hospital. One patient is a teenager (patient number 1) with shrapnel wounds in the abdomen and the arm, vital signs stable; the other is an adult (patient number 2) with no visible wounds but is bleeding from the nose and ears and has a swollen abdomen with unstable vital signs.

- 8:50** Parents of school children begin arriving at the hospital. Press and media are demanding information.
- 9:00** The contaminated patients arrive at the hospital. Patient number 1 has readings in of 50 millirem/hour (mR/hr) at 2 inches from the shrapnel wounds in the abdomen and 10 mR/hr at 2 inches from the wounds in arm. After removal of the shrapnel and its placement in a shielded container, patient number 1 has contamination readings of 1,000 to 1500 counts per minute (CPM) on the abdomen and 2,000 CPM on the arm. Patient number two has generalized contamination readings of 2,000 CPM with localized contamination readings of 10,000 CPM on his hands.
- 9:10** The Regional Emergency Operations Center, the Joint Emergency Operations Center and the State Operations Center are now open and receiving requests for assistance in the local area.
- 9:30** Another explosion occurs in the community at the telephone network/communications building and all phone service to the hospital and the surrounding area, including the Operational Area Emergency Operations Center (EOC), is disrupted. Auxiliary communications, both internal and external, are activated. This explosion is determined to be free of radiological materials and there are NO injuries or victims reported from this second explosion.
- 9:45** The hospital is notified that there are 15 patients inbound from the school with minor lacerations, abrasions and anxiety. They have been fully evaluated in the field and are not radiologically contaminated.
- These patients arrive and are able to ambulate to the emergency department without assistance. The patients are all teenagers between the ages of 15 – 18 years old. No serious injuries are noted.
- 10:00** The local public health officials have determined that a small release of radioactive material has occurred from the school site. Although most hospitals and other agencies and schools are downwind of the release, the local public health department and local Office of Emergency Services recommends sheltering-in-place for the next ½ hour. The expected radiation dose from the release is approximately 30 millirem. This dose is roughly equivalent to a chest x-ray and approximately 1/10th of the annual background dose.

Exercise Scenario
Thursday, November 14, 2002

10:00 The decision is made to shelter-in-place and orders go out to facility managers to begin the process.

Decisions confronting hospitals, healthcare facilities and all agencies may include:

- ? **How secure is the facility to protect patients and staff from people entering without triage or decontamination?**
- ? **Will you maintain the shelter-in-place order strictly and prohibit the patients and others from entering the facility?**
- ? **What will you do with the patients and family arriving at your facility that are not related to the school event? For example: A heart attack victim from another area of the community whose condition is unrelated to the event?**

10:10 Public Health announcements via the public alert system go out to residents advising them to stay indoors, turn off any heat/air conditioning or ventilation systems.

10:30 The release of radioactive material has dissipated and the local health officer announces that sheltering-in-place can be discontinued. Fire officials and hazardous materials response teams have identified the radiological substance as **Iridium 192**. The emergency responders, hospitals and the public are notified.

Reminder to exercise controller, identification of the agent should not be revealed to participants until this point in the exercise.

The media continue to arrive at your agency/facility and are demanding to interview patients and staff.

10:35 Phone service has been re-established in the area.

11:00 All facilities, agencies and providers report status to the Operational Area.

11:30 The Regional Emergency Operations Center begins to receive reports from the Operational Area and relays the information and resource requests to the Joint Emergency Operations Center and the State Operations Center.

12:00 Exercise ends.



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**INTENT TO PARTICIPATE
For ACS, CARES, and RACES Providers**

**This form must be faxed to the Operational Area (County) Medical/Health Exercise Contact by
Friday, September 13, 2002. (See pages 17-22 for listings)**

Name of
ACS Association: _____

ACS Exercise Contact: _____

County/Area/Facility Served: _____

Address: _____

City: _____ Zip: _____

Telephone #: _____ FAX: _____

Email: _____

Call Sign: _____

Frequencies: _____

Please check appropriate box for your ACS association/agency participation in the Statewide Exercise,
November 14, 2002.

☐ Will participate

☐ Will not participate

Please fax this form to the Operational Area (County) Medical/Health Exercise Contact
(see pages 17-22 in this manual) by **Friday, September 13, 2002**.



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ACS, Amateur Radio, CARES and RACES
MASTER ANSWER SHEET

Complete this **Master Answer Sheet** for responses to the ACS, Amateur Radio, CARES and RACES Exercise Evaluation Form and mail **only this page** to the address below.

Organization Name: _____

Address: _____

City: _____ Zip: _____

Disaster Coordinator/Evaluator Name: _____

Telephone #: _____ Fax #: _____

Email: _____

Please circle the single best answer to each question.

1. a b c d e f g

8. a b c

2. a b c d

9. a b c

3. a b c

10. a b c

4. a b c

11. a b c d

5. a b c

12. a b c

6. a b c

13. Comments?

7. a b c

Please write comments, suggestions or thoughts about the exercise on reverse side of this answer sheet, attach additional pages as needed. We appreciate your comments!

Mail completed answer sheet by November 29, 2002 to:

California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814

Attn: Disaster Exercise



State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002

**ACS, AMATEUR RADIO, CARES and RACES
EXERCISE EVALUATION QUESTIONS**

This form is to be completed by each participating radio provider.

Please use the attached **Master Answer Sheet** (page 9) for ACS Radio when recording your responses. Be sure to complete every question before submitting the answer sheet to the EMS Authority. Certificates of Participation will be provided only upon receipt of the 2002 Exercise Participation Evaluation Master Answer Sheet.

1. Circle the single best answer that describes which OES Mutual Aid Region your organization is in (Listed on page 23).
 - A. Region I
 - B. Region II
 - C. Region III
 - D. Region IV
 - E. Region V
 - F. Region VI
 - G. Don't Know
2. Please circle the single best answer that describes your organization.
 - A. ACS Radio Volunteer
 - B. CARES
 - C. RACES
 - D. Other: (specify) _____
3. Did you activate your disaster plan during the exercise?
 - A. Yes
 - B. No
 - C. Don't know
4. Does your disaster plan utilize the Incident Command System (ICS)?
 - A. Yes
 - B. No
 - C. Don't know what ICS is.
5. Did you educate the hospitals and operators in your area about the frequencies, information packet and protocols pre-exercise?
 - A. Yes
 - B. No
 - C. Don't know
6. Did you coordinate, pre-exercise, with local amateur radio operators on frequencies and protocols to use during the November 14th exercise?
 - A. Yes
 - B. No
 - C. Don't know

**ACS, AMATEUR RADIO, CARES AND RACES
EXERCISE EVALUATION QUESTIONS**

7. Did you transmit the hospital information?
 - A. Yes
 - B. No
 - C. Don't know
8. Was the transmitted data received and accepted?
 - A. Yes
 - B. No
 - C. Don't know
9. Did you activate the regional/statewide network voice systems during the exercise?
 - A. Yes
 - B. No
 - C. Don't know
10. Were frequencies and channels open and available for transmission during the exercise?
 - A. Yes
 - B. No
 - C. Don't Know
11. How would you evaluate your organization's response to the event and initiation of the disaster plan?
 - A. Excellent, no changes needed in the disaster plan
 - B. Good, minor changes in the system/disaster plan identified
 - C. Fair, moderate changes needed in the system/disaster plan identified
 - D. Needs improvement, substantial disaster plan review and changes identified
12. In general, were you satisfied with the November 14th Statewide exercise?
 - A. Yes
 - B. No
 - C. Don't know
 - D. N/A
13. Additional Comments and Recommendations?

Please write additional comments on the back of the Master Answer sheet and attach additional pages as needed. We appreciate your feedback!

Thank you for your participation with this survey.

Please mail the COMPLETED MASTER ANSWER SHEET to:

**California Emergency Medical Services Authority
1930 9th Street
Sacramento, CA 95814**

Attn: Disaster Exercise



**State of California
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Glossary of Terms

Auxiliary Communications Services (ACS)	The Auxiliary Communications Service (ACS) is an emergency communications unit that provides State and local government with a variety of professional unpaid [volunteer] skills, including administrative, technical and operational for emergency tactical, administrative and logistical communications; such as with its agencies, cities within the Operational Area, neighboring governments, and the State OES Region. Its basic mission is the emergency support of civil defense, disaster response, and recovery with telecommunications resources and personnel.
California Amateur Radio Emergency Services (CARES)	CARES is specifically tasked to provide amateur radio communications support for the medical and health disaster response to state government.
Communications Exercise	The communications exercise is designed to test and evaluate communication systems including lines and methods of communicating during a disaster. Alternative communication systems can also be tested, including amateur radio, cell, and satellite systems, among others.
Decontamination	<u>Radioactive materials:</u> The reduction or removal of radioactive material from a structure, area, person or object. A surface may be treated, washed down or swept to remove the contamination. Isolating the area or object contaminated, and letting the material stand can also control contamination. <u>Hazardous materials:</u> Decontamination consists of removing contaminants or changing their chemical nature to innocuous substances.
“Dirty Bomb”	See: Radiological Dispersal Device
Emergency	A condition of disaster or of extreme peril to the safety of persons and property caused by such conditions as air pollution, fire, flood, hazardous material incident, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestations or disease, the Governor’s warning of an earthquake or volcanic prediction, or an earthquake or other conditions, other than conditions resulting from a labor controversy.
Emergency Management	The organized analysis, planning, decision making, assignment, and coordination to available resources to the mitigation of, preparedness for, response to, or recovery from emergencies of any kind, whether from man-made attack or natural sources.
Emergency Operations Center	A centralized location from which emergency operations can be directed and coordinated.

Glossary of Terms

Exposure versus contamination	<p><u>Exposure</u>: Subjected to, or exposed to, a contaminant in an unprotected or partially protected manner, but not necessarily contaminated by an agent.</p> <p><u>Contamination</u>: Contact with a hazardous or infective agent in an unprotected manner.</p>
Functional Exercise	The functional exercise is an activity designed to test or evaluate the capabilities of the disaster response system. It can take place in the location where the activity might normally take place, such as the command center or incident command post. It can involve deploying equipment in a limited, function-specific capacity. This exercise is fully simulated with written or verbal messages.
Full Scale Exercise	This type of exercise is intended to evaluate the operational capability of emergency responders in an interactive manner over a substantial period of time. It involves the testing of a major portion of the basic elements existing in the emergency operations plans and organizations in a stress environment. Personnel and resources are mobilized.
Hazardous material	A substance or combination of substances, which, because of quantity, concentration, physical, chemical radiological, explosive, or infectious characteristics, poses a substantial present or potential danger to humans or the environment.
Hazardous material incident	Any release of a material capable of posing a risk to health, safety and property. Areas at risk include facilities that produce, process, transport or store hazardous material, as well as all sites that treat, store, and dispose of hazardous material.
Hospital Emergency Incident Command System (HEICS)	HEICS is an emergency management system that employs a logical, unified management (command) structure, defined responsibilities, clear reporting channels, and a common nomenclature to help unify hospitals with other emergency responders. Information on HEICS can be obtained through the California EMS Authority at 916-322-4336 or on the website at www.emsa.ca.gov .
Incident Command System (ICS)	The nationally used standardized on-scene emergency management concept specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demand of single or multiple incident without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with the responsibility to management of resources to effectively accomplish stated objectives pertinent to an incident.

Glossary of Terms

Iridium 192	Iridium-192: A radioactive isotope of the element Iridium. It emits beta and gamma radiations. Iridium-192 has a half life of 73.8 days (In 73.8 days one half of the starting amount will have decayed.). Iridium-192 is commonly used in medicine and industry. In both of these fields, the Iridium-192 is encapsulated in a small stainless steel tube. These types of radioactive sources are called sealed sources. The beta radiations are blocked by the steel tube. However, the gamma radiations are not. In radiation oncology Iridium-192 is used to treat cancer. The gamma radiations from the Iridium-192 are used to kill the cancer cells. In industry, Iridium-192 is used for industrial radiography. X-ray film is placed on an item and the radioactive source is positioned so that a picture of the interior of the item can be made. This allows the testing personnel to determine if the quality of critical welds meets standards, if metal has fatigue cracking, and other useful information. Typical industrial radiography Iridium-192 sources may have as much as 100 Curies of radioactivity when the source is new. Iridium-192 may be used in research and laboratories.
Joint Emergency Operations Center (JEOC)	A unified operations center established by the State Emergency Medical Services Authority and Department of Health Services to manage the State-level medical and health response to disasters including the use of state resources.
Local Emergency (State definition)	The duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, earthquake or other conditions which are, or are likely to be, beyond the control of the services, personnel, equipment and facilities of a political subdivision and require the combined forces of other political subdivisions to combat.
Long-Term Care Facilities	A collective term for healthcare facilities designated for the care and treatment of patients or residents requiring rehabilitation or extended care for chronic conditions. The Department of Health Services, Licensing and Certification Division license these facilities.
Medical and Health Operational Area Coordinator (MHOAC) (Formerly known as OADMHC)	The OAC is responsible for coordinating mutual aid resource requests, facilitating the development of local medical/health response plans and implementing the medical/health plans during a disaster response. During a disaster, the OAC directs the medical/health branch of the Operational Area EOC and establishes priorities for medical/health response and requests. This coordinator was formerly known as the Operational Area Disaster Medical/Health Coordinator.
Operational Area	An intermediate level of the State emergency services organization, consisting of a county and all political subdivisions within the county.

Glossary of Terms

Radio Amateur Civilian Emergency Services (RACES)	The RACES is a local or state government program established by a civil defense official. It becomes operational by: 1) appointing a Radio Officer, 2) preparing a RACES Plan, and 3) training and utilizing FCC licensed Amateur Radio operators. RACES (whether part of an ACS, or as a stand along unit) is usually attached to a state or local government's emergency preparedness office, or to a department designated by that office, such as the sheriff's, or communications department.
Radiation	There are three types of radiation: (1) Alpha : The least penetrating type of nuclear radiation; not considered dangerous unless alpha-contaminated particles enter the body (2) Beta : A type of nuclear radiation that is more penetrating than alpha radiation and can damage skin tissue and harm internal organs (3) Gamma : Gamma rays are high-energy, ionizing radiation that travel at the speed of light and have great penetrating power. They can cause skin burns, severely injure internal organs, and have long-term, physiological effects.
Radiological Dispersal Devices (RDD)	A conventional Explosive incorporating nuclear materials
Regional Emergency Operations Center (REOC)	The Regional Emergency Operations Center (REOC) is the first level facility of the Governor's Office of Emergency Services to manage a disaster. The REOC provides an emergency support staff operating from a fixed facility, who are responsive to the needs of the operational areas and coordinates with the State Operations Center.
Standardized Emergency Management System (SEMS)	SEMS is the emergency management system identified by Government code 8607 for managing emergency response to multi-agency or multi-jurisdictional operations. SEMS is based on the Incident Command system and is intended to standardize response to emergencies in California.
State Operations Center (SOC)	The SOC is established by OES to oversee, as necessary, the REOC, and is activated when more than one (1) REOC is opened. The SOC establishes overall response priorities, and coordinates with federal responders.
Status Codes	Green: Provider is able to carry out normal operational functions Yellow: Some reductions in patient services, but overall, provider is able to carry out normal operational functions Red: Significant reductions in-patient services. Emergency services only being provided. Black: Provider has been severely affected. Unable to continue any services

Glossary of Terms

Tabletop Exercise	An exercise that takes place in a classroom or meeting room setting. Situations and problems presented in the form of written or verbal questions generate discussions of actions to be taken based upon the emergency plan and standard emergency operating procedures. The purpose is to have participants practice problem solving and resolve questions of coordination and assignment in a non-threatening format, under minimal stress.
Terrorism	The calculated use of violence or the threat of violence to attain goals that are political, religious, or ideological in nature. This can be done through intimidation, coercion, or instilling fear. Terrorism includes a criminal act against persons or property that is intended to influence an audience beyond the immediate victims.



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002**

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Alameda	Jim Morrissey Alameda EMS 1000 Broadway Ste. 5000 Oakland, CA 94607	Phone: 510-267-8080 Fax: 510- 465-5624 Email: jimorri@co.alameda.ca.us
Alpine Amador Calaveras Stanislaus	Doug Buchanan Deputy Director Mountain Valley EMS 1101 Standiford Ave Modesto, CA 95350	Phone: 209-529-5085 Fax: 209-529-1496 Email: dbuchanan@mvensa.com
Butte	Dr. Mark Lundberg Health Officer 202 Miraloma Oroville, CA 95965	Phone: 530-538-7581 Fax: 530-538-2165 Email: mlundberg@buttecounty.net
Colusa	Nancy Parriott 251 E. Webster St. Colusa, CA 95932	Phone: 530-458-0380 Fax: 530-458-4136 Email: nparriott@ncen.org
Contra Costa	Dan Guerra Contra Costa EMS 1340 Arnold Dr. Ste 126 Martinez, CA 94590	Phone: 925-646-4690 Fax: 925-646-4379 Email: dguerra@hsd.co.contra-costa.ca.us
Del Norte	Kathy Stephens Del Norte Public Health 800 Northcrest Dr. Crescent City, CA	Phone: 707-464-7227 Fax: 465-6701 Email: kstephens@co.del-norte.ca.us
El Dorado	Kaya Goodwin El Dorado Public Health 931 Spring Street Placerville, CA 95667	Phone: 530-621-6119 Fax: 530-626-4713 Email: gehamlin@innercite.com
Fresno Kings Madera	Lee Adley, RDMHS PO Box 11867 Fresno, CA 93775	Phone: 559-445-3387 Fax: 559-445-3205 Email: Ladley@fresno.ca.gov
Glenn	Susan Thurman Public Health 240 N. Villa Avenue Willows, CA 95988	Phone: 530-934-6588 Fax: 530-934-6463 Email: NA

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Humboldt	Clarke Guzzi Humboldt Public Health 529 "I" St. Eureka, CA 95510	Phone: 707-268-2187 Fax: 707-445-6097 Email: cguzzi@co.humboldt.ca.us
Imperial	John Pritting 935 Broadway El Centro, CA 92243	Phone: 760-482-4468 Fax: 760-482-9933 Email: johnpritting@imperialcounty.net
Inyo	Tamara Pound PO Box Drawer H Independence, CA 93526	Phone: 760-878-0232 Fax: 760-878-0241 Email: inyohhs@qnet.com
Kern	Russ Blind Interim EMS Director 1400 H Street Bakersfield, CA 93301	Phone: 661-861-3200 Fax: 661-322-8453 Email: blindr@co.kern.ca.us
Lake	Richard Arnold Lake Co. Dept. of Health 922 Bevins Ct. Lakeport, CA 95453	Phone: 707-263-1090 Fax: 707-263-1662 Email: richarda@co.lake.ca.us
Lassen	Chip Jackson OES 220 S. Lassen, Suite 1 Susanville, CA 96130	Phone: 530-251-8222 Fax: 530-257-9363 Email: sheriff@co.lassen.ca.us
Los Angeles	Larry Smith, MHOAC 5555 Ferguson Drive Ste. 220 Commerce, CA 90022	Phone: (323) 890-7559 Fax: (323) 890-8536 Email: lasmith@dhs.co.la.ca.us
Marin	Troy Peterson Marin EMS 161 Mitchell Blvd. Ste 100 San Rafael, CA 94903	Phone: 415-499-3287 Fax: 415-499-3747 Email: tpeterson@marin.org
Mariposa	Glyn Scharf EMS Coordinator PO Box 5 Mariposa, CA 95338	Phone: 209-966-3689 Fax: 209-966-4929 Email: to be announced
Mendocino	Steve Francis Coastal Valley EMS Mendocino 890 Bush St. Ukiah, CA 95482	Phone: 707-463-4590 Fax: 707-467-2551 Email: franciss@co.mendocino.ca.us
Merced	Chuck Baucom EMS Administrator 260 E. 15 th Street Merced, CA 95340	Phone: 209-381-1255 Fax: 209-389-1381 Email: he39@co.merced.ca.us

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Modoc	Nancy Ballard Modoc Co. OES P.O. Drawer 460 Alturas, CA 96101	Phone: 530-233-4416 Fax: 530-233-4971 Email: nballard@sheriff.co.modoc.ca.us
Mono	Lt. Steve Maris PO Box 616 Bridgeport, CA 93517	Phone: 760-932-7549 Fax: 760-932-7435 Email: HEYNOAH@qnet.com
Monterey	Don Hiatt Monterey EMS 19065 Portola Dr. Ste I Salinas, CA 93908	Phone: 831-755-5013 Fax: 831-455-0680 Email: hiattd@co.monterey.ca.us
Napa	Randy Linthicum Coastal Valley EMS/Napa 1721 First St. Napa, CA 94559	Phone: 707-253-4199 Fax: 707-259-8122 Email: rlinthic@co.napa.ca.us
Nevada	Cheryl Montague Nevada Co. Health & Human Services 10433 Willow Valley Rd Nevada City, CA 95959	Phone: 530-265-1491 Fax: 530-265-7261 Email: cheryl.montague@co.nevada.ca.us
Orange	Paul Russell, MHOAC 405 West Fifth St. Suite 301A Santa Ana, CA 92701	Phone: 714-834-3124 Fax: 714-834-3125 Email: prussell@hca.co.orange.ca.us
Placer	Young Rodriguez Placer County OES 2968 Richardson St. Auburn, CA 95603	Phone: 530-886-5300 Fax: 530-886-5343 Email: yrodriqu@placer.ca.gov
Plumas	Sandy Norton, PHN Health Dept. PO Box 3140 Quincy, CA 95971	Phone: 530-283-6346 Fax: 530-283-6110 Email: snorton@pchealth.net
Riverside	Michael J. Potter 4065 County Circle Dr. PO box 7600 Riverside, CA 92513	Phone: 909-358-5029 Fax: 909-358-5160 Email: mipotter@co.riverside.ca.us

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Sacramento	Bruce Wagner Sacramento Co. EMS 9616 Micron Ave. Ste 635 Sacramento, CA 95827	Phone: 916-875-9753 Fax: 916-875-9711 Email: wagner@saccounty.net
San Benito	Margie M. Riopel San Benito County, EMS 471 Fourth St. Hollister, CA 95023	Phone: 831-636-4168 Fax: 831-636-4104 Email: mrriopel@oes.co.san-benito.ca.us
San Bernardino	George Bolton Medical/Health Disaster Coordinator 515 N. Arrowhead Ave. San Bernardino, CA 92415	Phone: 909-388-5831 Fax: 909-388-5825 Email: gbolton@ph.co.san-bernadino.ca.us
San Diego	Jeri Bonesteele 6255 Mission Gorge Rd San Diego, CA 92120	Phone: 619-285-6505 Fax: 619-285-6531 Email: jboneshe@co.san-diego.ca.us
San Francisco	Steve LaPlante San Francisco EMS 1540 Market St. Ste 220 San Francisco, CA 94102	Phone: 415-554-9149 Fax: 415-241-0519 Email: steve_laplante@dph.sf.ca.us
San Joaquin	Darrell Cramphorn San Joaquin EMS PO Box 1020 Stockton, CA 95201	Phone: 209-468-6818 Fax: 209-468-6725 Email: dcramphorn@co.san-joaquin.ca.us
San Luis Obispo	Tom Lynch, MHOAC 712 Fiero Lane, #29 San Luis Obispo, CA 93401	Phone: (805) 546-8728 Fax: (805) 546-8736 Email: sloemsa@fix.net
San Mateo	Matt Lucett San Mateo EMS 225 37 th Ave. San Mateo, CA 94403	Phone: 650-573-2564 Fax: 650-573-2029 Email: mlucett@co.sanmateo.ca.us
Santa Barbara	Nancy LaPolla, MHOAC 300 North San Antonio Road Santa Barbara, CA 93110- 1316	Phone: 805-681-5274 Fax: 805-681-5142 Email: nlapoll@co.santa-barbara.ca.us

Operational Area (County) Medical/Health Exercise Contacts

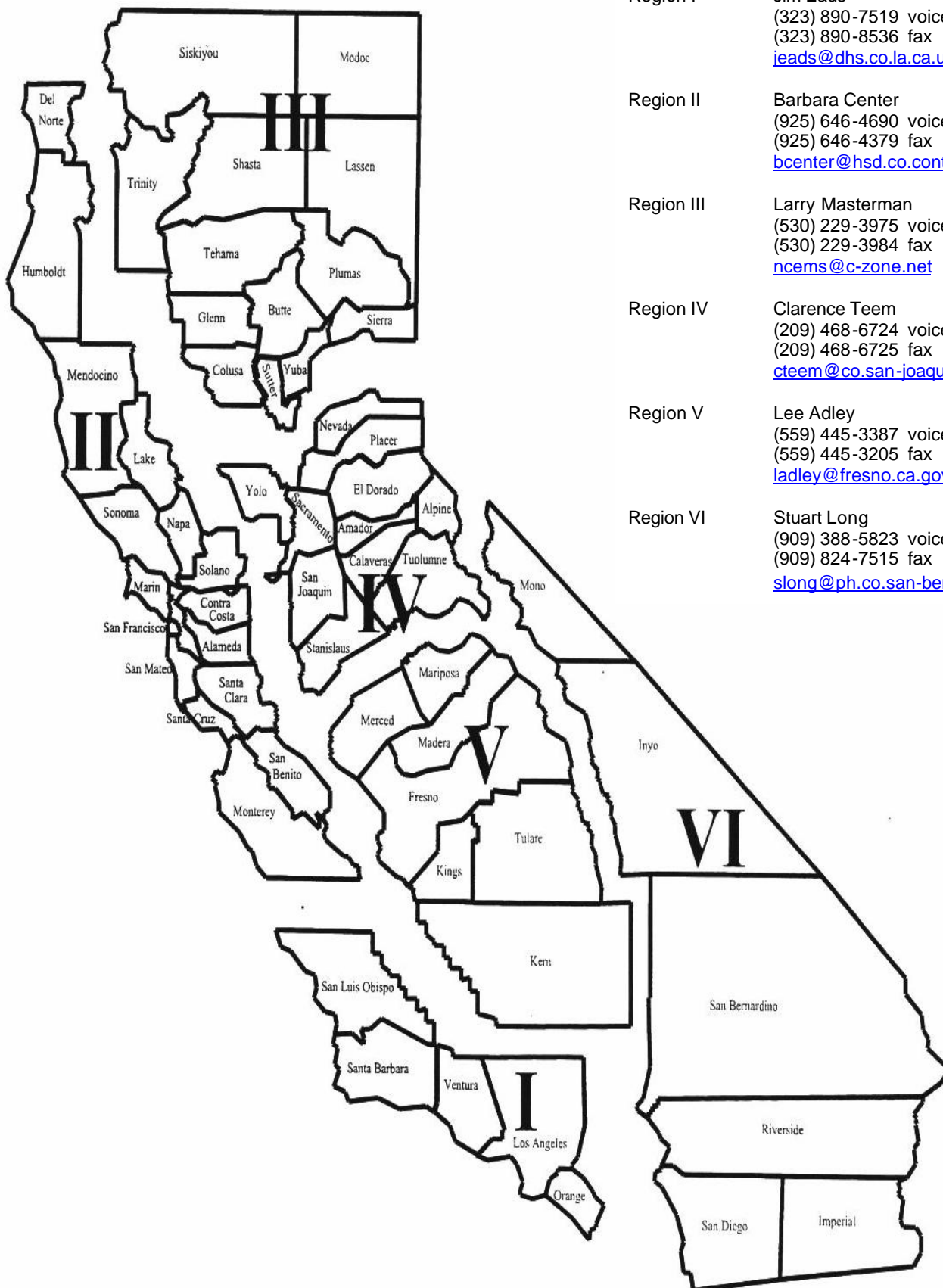
COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Santa Clara	Rob Petrucci Santa Clara EMS 645 So. Bascom Ave. Ste 138 San Jose, CA 95128	Phone: 408-885-4252 Fax: 408-885-3538 Email: rob.petrucci@hhs.co.santa-clara.ca.us
Santa Cruz	Vol Ranger Santa Cruz EMS 1080 Emeline Ave Santa Cruz, CA 95060	Phone: 831-454-4751 Fax: 831-454-4272 Email: vol.ranger@health.co.santa-cruz.ca.us
Shasta	Melissa Janulewicz Family Health Manager 2650 Breslauer Way Redding, CA 96001	Phone: 530-225-5066 Fax: 530-225-5074 Email: mjanulewicz@co.shasta.ca.us
Sierra	Liz Fisher OES PO Box 513 Downieville, CA 95936	Phone: 530-289-0212 Fax: 530-289-3339 Email: scoes@sccn.net
Siskiyou	Grizz Adams OES 311 Lane St. Yreka, CA 96097	Phone: 530-842-8379 Fax: 530-842-8378 Email: sisgoes@snowcrest.net
Solano	Michael Modrich Solano EMS 1735 Enterprise Dr. Bldg. #3 MS 3-110 Fairfield, CA 94533	Phone: 707-421-6685 Fax: 707-421-6682 Email: mmodrich@solanocounty.com
Sonoma	Mike DuVall Coastal Valley EMS 3273 Airway Dr. Ste E Santa Rosa, CA 95403-2097	Phone: 707-565-6501 Fax: 707-565-6506 Email: mduvall@sonoma-county.org
Sutter	Mike Harrold OES 1160 Civic Center Blvd., #E Yuba City, CA 95993	Phone: 530-822-7400 Fax: 530-822-7109 Email: mharrold@co.sutter.ca.us
Tehama	Valerie Lucero, PHN Health Dept. 1860 Walnut St. Red Bluff, CA 96080	Phone: 530-527-6824 Fax: 530-0362 Email: lucero@tcha.net
Trinity	Elise Osvold-Doppelhaur, PHN Health Dept. PO Box 1470 Weaverville, CA 96093	Phone: 530-623-8215 Fax: 530-623-1297 Email: eosvolddoppelhauer@trinitycounty.org

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT NUMBERS
Tulare	Patricia Crawford EMS Director 5957 S. Mooney Blvd. Visalia, CA 93277	Phone: 559-737-4660 Fax: 559-737-4693 Email: pcrawfor@tularehhsa.org
Tuolumne	Dan Burch Tuolumne EMS 1210 Sanguinetti Rd. Sonora, CA 95370	Phone: 209-536-0620 Fax: 209-533-4761 Email: tcems@mlode.com
Ventura	Julie Frey, MHOAC 2323 Knoll Drive #100 Ventura, CA 93003	Phone: 805-677-5270 Fax: 805-677-5290 Email: Julie.frey@mail.co.ventura.ca.us
Yolo	Dan McCanta Yolo OES 35 No. Cottonwood St. Woodland, CA 95698	Phone: 530-666-8930 Fax: 530-666-8909 Email: yolo-oes@yolo.com
Yuba	Kelly Purdom OES 215 5 th St. Marysville, CA 95901	Phone: 530-749-7520 Fax: 530-741-6549 Email: kpoes@yahoo.com

OES Mutual Aid Regions

Regional Disaster Medical/Health Specialists



Region I

Jim Eads
(323) 890-7519 voice
(323) 890-8536 fax
jeads@dhs.co.la.ca.us

Region II

Barbara Center
(925) 646-4690 voice
(925) 646-4379 fax
bcenter@hsd.co.contra-costa.ca.us

Region III

Larry Masterman
(530) 229-3975 voice
(530) 229-3984 fax
ncems@c-zone.net

Region IV

Clarence Teem
(209) 468-6724 voice
(209) 468-6725 fax
cteem@co.san-joaquin.ca.us

Region V

Lee Adley
(559) 445-3387 voice
(559) 445-3205 fax
ladley@fresno.ca.gov

Region VI

Stuart Long
(909) 388-5823 voice
(909) 824-7515 fax
slong@ph.co.san-bernardino.ca.us

Auxiliary Communications Systems Forms



**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002**

Use of ACS Forms

As stated in the Executive Summary, these ACS forms are to be utilized to facilitate standardization of medical and health information and communication flow from the operational area to the region and region to the State during a disaster or in the event of communication failure. The forms included in this guidebook are not intended to replace forms, information or communication systems required by the operational area, medical-health branch.

The Auxiliary Communications Forms # ACS-001 and #ACS-002 are intended to be utilized when standard communications systems are not functioning, and information is conveyed through auxiliary communication systems. However, the data on these forms, based on the Response Information Management System (RIMS) fields, is critical information for the region and the State to receive from the operational area during a disaster. The ACS Planning Committee recommends that the operational area compile this data/information for communication to the region and state during all disasters, and not only when Auxiliary Communications Systems are utilized.

The **Initial Medical/Health Status Report** is recommended to be completed within two (2) hours after the event occurs. This form can be utilized for communication from the operational area to region and region to State reporting.

The **Expanded Medical/Health Status Report** is recommended to be completed regularly after the initial two hours of the event. This form can be utilized for communication from the operational area to region and region to State reporting.

The **Skilled Nursing Facility, Clinic and Field Treatment Site Status Report** is used to communicate from these facilities or entities to the operational area.

On the reverse side of the Status Report forms is a key with definitions and a facility functional status decision tree. It is recommended that when these forms are printed (Xeroxed) that the key is printed on the back of **each** form to promote consistency.

**Auxiliary Communications
Initial Medical/Health Status Report
Facility to Operational Area**

Form: CoCo ACS-1-HI Rev. 0, 9/2001

Section I.

RIMS Codes

H-1 Facility Name: _____ Originator: _____

H-2 Date/Time: _____

H-3 Available Contact Methods:

☐ Phone # _____ ☐ FAX # _____

☐ Radio Frequency _____ ☐ Email _____

Section II. Status of Hospital (See definitions on reverse)

RIMS Code

SR-8.b ☐ Non Functional

RIMS Code

SR-8.c ☐ Partially Functional

RIMS Code

SR-8.d ☐ Fully Functional

Section III. Bed Availability

RIMS Codes	Unoccupied Beds Staffed and Available	8 Hrs	24 Hrs
RA 23 & 25	Total Number of Medical & Surgical		
RA 31	Total Number Critical Care		

Note: The 8-hour and 24-hour numbers are independent numbers and not cumulative totals, OB and pediatric beds are included for Medical/Surgical Patients.

Section IV. Estimated Casualties

RIMS Code

SR-7.a Major # _____

RIMS Code

SR-7.b Minor # _____

Section V. Medical/Health Critical Issues and Actions Taken (Brief Summary of Most

RIMS Code

SR-19 _____

Section VI. Information Source(s)

Communicated by: _____ Call Sign: _____ Date/Time: _____

Received by: _____ Call Sign: _____ Date/Time: _____

**Auxiliary Communications
Expanded Medical/Health Status Report
Facility to Operational Area**

Form: CoCo ACS-2-HE Rev. 0, 9/2001

Section I.

RIMS Codes

H-1 Facility Name: _____ Originator: _____

H-2 Date/Time: _____

H-3 Available Contact Methods:

☐ Phone # _____ ☐ FAX # _____

☐ Radio Frequency _____ ☐ Email _____

Section II. Status of Hospital (See definitions on reverse)

RIMS Code
SR-8.b ☐ Non Functional

RIMS Code
SR-8.c ☐ Partially Functional

RIMS Code
SR-8.d ☐ Fully Functional

Section III. Bed Availability

RIMS Codes	Unoccupied Beds Staffed and Available	8 Hrs	24 Hrs
RA 23 & 25	Total Number of Medical & Surgical		
RA 31	Total Number Critical Care		

Note: The 8-hour and 24-hour numbers are independent numbers and not cumulative totals, OB and pediatric beds are included for Medical/Surgical Patients.

Section IV. Estimated Casualties

RIMS Code
SR-7.a Major # _____

RIMS Code
SR-7.b Minor # _____

Section V. Medical/Health Critical Issues and Actions Taken (Brief Summary of Most Critical)

RIMS Codes
SR-19 _____

Section VI. Mutual Aid Needs (Attach additional sheets if necessary)

RIMS Code
SR-10.a Medical Personnel: _____

RIMS Code
SR-10.b Medical Supplies: _____

RIMS Code
SR-10.c Medical Transport: _____

☐ **Additional Sheets Attached**

Section VII. Information Source(s)

Communicated by: _____ Call Sign: _____ Date/Time: _____

Received by: _____ Call Sign: _____ Date/Time: _____

**Auxiliary Communications
Skilled Nursing Facility, Clinic, Field Treatment Site Status Report
Facility to Operational Area**

Form: CoCo ACS-3-SNF Rev. 0, 9/2001

Section I.

RIMS Codes

H-1 Facility Name: _____ Originator: _____

H-2 Date/Time: _____

H-3 Available Contact Methods:

☐ Phone # _____ ☐ FAX # _____

☐ Radio Frequency _____ ☐ Email _____

H-4 Type of Facility: ☐ Skilled Nursing Facility ☐ Clinic ☐ Field Treatment Site

Section II. Status of Hospital (See definitions on reverse)

RIMS Code ☐ Non Functional RIMS Code ☐ Partially Functional RIMS Code ☐ Fully Functional
SR-8.b SR-8.c SR-8.d

Section III. Estimated Casualties

RIMS Code RIMS Code
SR-7.a Major # _____ SR-7.b Minor # _____

Section IV. Medical/Health Critical Issues and Actions Taken (Brief Summary of Most Critical)

RIMS Codes

SR-19 _____

Section V. Mutual Aid Needs (Attach additional sheets if necessary)

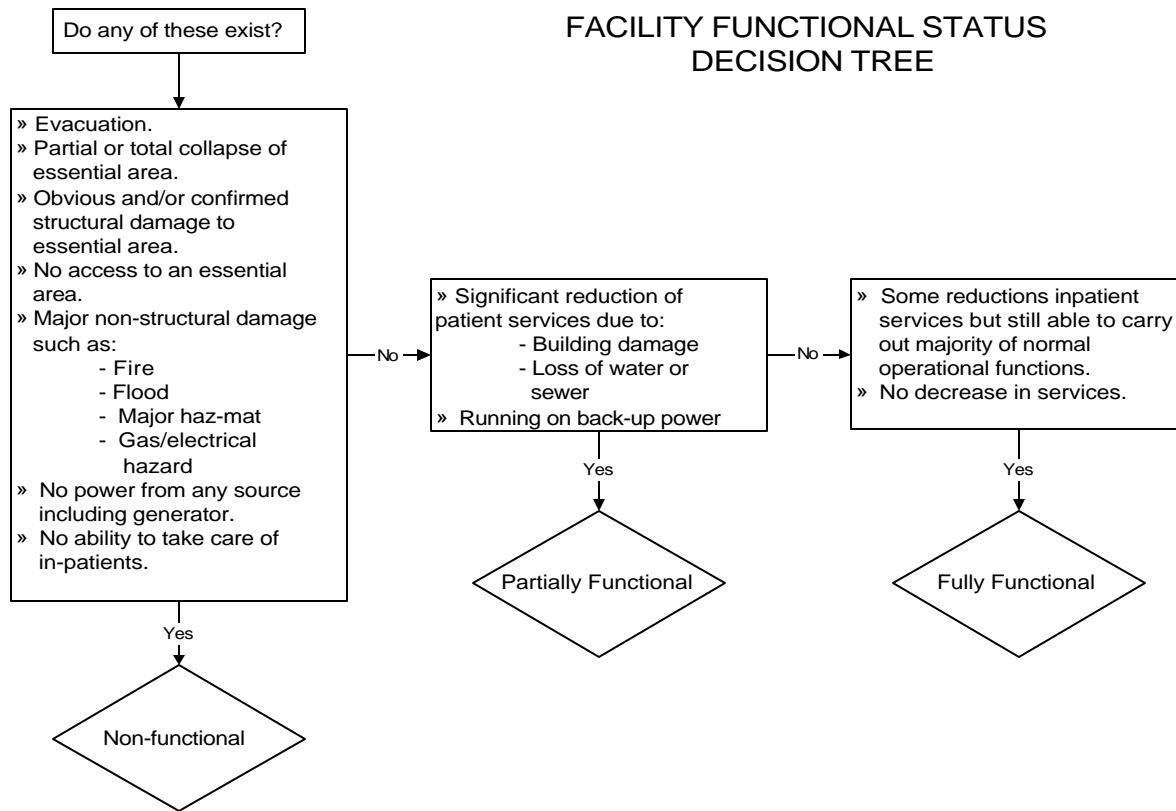
RIMS Code RIMS Code
SR-10.a Medical Personnel: _____ SR-10.b Medical Supplies: _____

RIMS Code
SR-10.c Medical Transport: _____ ☐ Additional Sheets Attached

Section VI. Information Source(s)

Communicated by: _____ Call Sign: _____ Date/Time: _____

Received by: _____ Call Sign: _____ Date/Time: _____



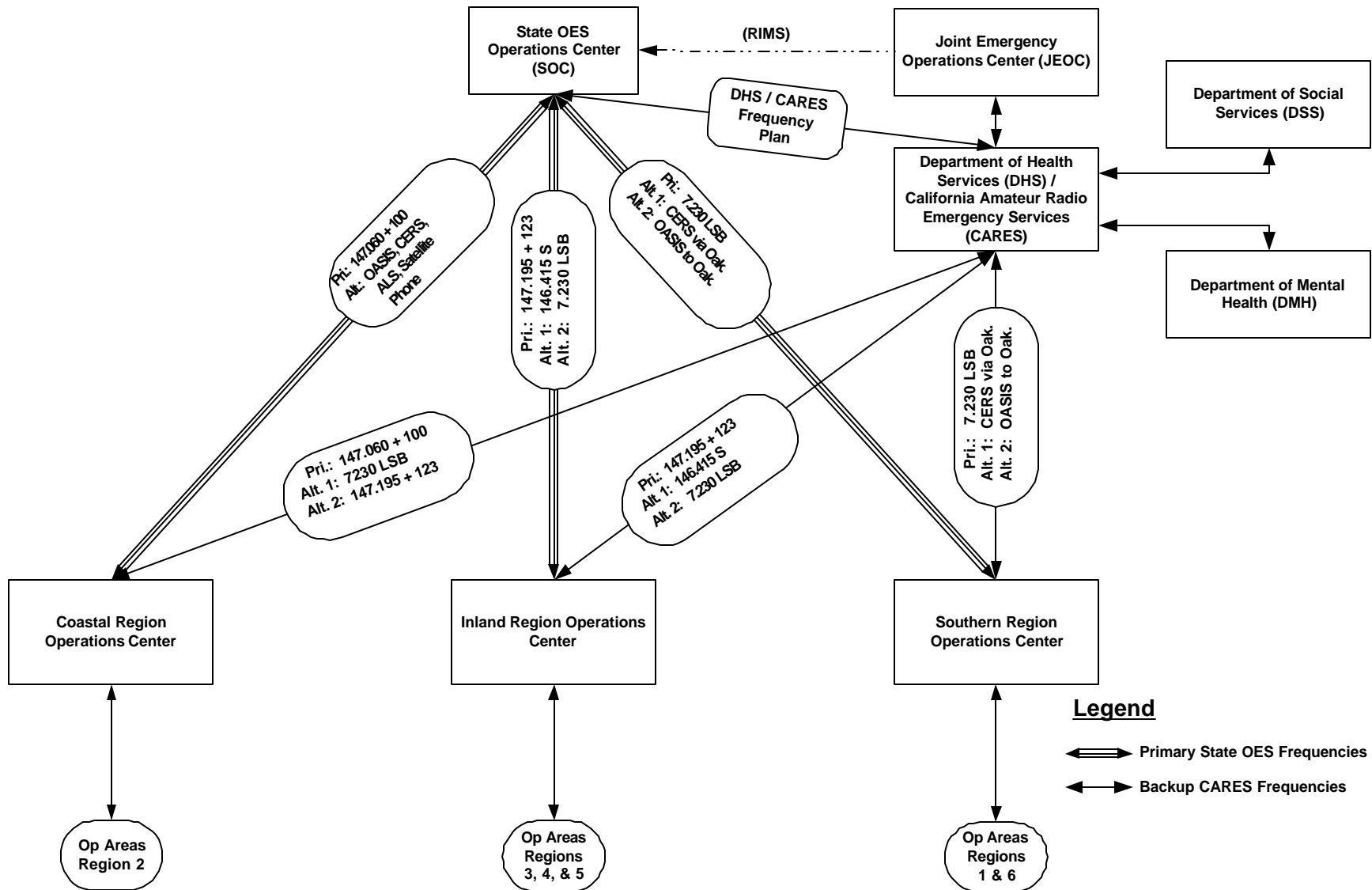
Key/Definitions

Major Injury	An immediate threat to the patient's life or limb exists and medical intervention is required immediately, excluding deaths.
Minor Injury	No threat to the patient's life or limb exists and medical intervention is required within 24-48 hours
Facility Functionality (Note: when entering facility functionality, enter total numbers of hospitals, not individual hospitals)	<p><u>Not Functional:</u> Facility is critically damaged or affected. Unable to continue any services and evacuation may be required.</p> <p><u>Partially Functional:</u> Facility experiencing moderate to significant reductions in patient services (significant building damage, loss of major utilities, inadequate emergency power).</p> <p><u>Fully Functional:</u> Facility may have minor reductions in patient services but is still able to carry out majority of normal operational functions.</p>
Medical personnel	Includes physicians, nurses etc., environmental services, public health, clerical
Medical supplies	Includes medical equipment, medical care supplies, water, food, generators, toilets etc.
Medical transportation	Includes BLS and ALS transportation-both land and air, buses and other types of vehicles.
Critical Issues	This section is used to summarize the most important medical and health problems/and or issues confronting the OA. Enter information in summary form, be concise and brief.
Medical/Surgical	The number of available beds can include any bed in the hospital that can accommodate/be staffed for medical/surgical type patients. This number can include pediatric, OB/GYN and telemetry beds.
Auxiliary Communications	Auxiliary communication is a method of communication employed when standard communications systems (telephones) fail. Examples of auxiliary communications can be amateur radio, fax, RIMS, satellite phones, OASIS.

ACS

Frequencies

State of California Auxiliary Communication Service (ACS) Network Plan





**State of California
Emergency Medical Services Authority
Statewide Medical & Health Disaster Exercise
November 14, 2002**

The Emergency Medical Services Authority would like to thank the Disaster Exercise Planning Group members for their contribution to the 2002 Statewide Medical and Health Disaster Exercise Guidebook and planning process.

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Delores Wilson, Office of Statewide Healthcare Planning and Development**

With special recognition and gratitude for the guidance and assistance in the development of this exercise to:

**Victor Anderson, Supervising Health Physicist,
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